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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Graham
District of Central
Town of _____
or _____
City of _____ (No. _____ St. _____ Ward)

State Index No. 108
Co. Register No. 18
Local Registrar's No. 19

FULL NAME OF CHILD Coombs { Born ☒ Alive ☐ NO }
If child is not named, make Supplemental Report on blank obtainable from local Registrar.

Sex of Child <u>Boy</u>	Twin, Triplet or other <u>None</u>	and	Number in order of birth <u>4</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1-25-1922</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>W. B. Coombs</u>			Full Maiden Name <u>Martha Webster</u>		
Residence <u>Central Ariz.</u>			Residence <u>Central Ariz.</u>		
Color or Race <u>White American</u> Age at last Birthday <u>46</u> (Years)			Color or Race <u>White American</u> Age at last Birthday <u>39</u> (Years)		
Birthplace <u>Utah</u>			Birthplace <u>Utah</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		

Number of child of this mother 4 Number of children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 1/25-1922 at 7 A M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) W. E. Plath
(Attending physician, midwife, householder.)

Given or Christian name added from a

Address Thatcher, Ariz.

supplemental report _____ 192____ Filed 2-5-1922

Alma Busby
LOCAL REGISTRAR.

022-125-412-2/7
COUNTY REGISTRAR.

A True Copy
1922
J. M. Plath
COUNTY REGISTRAR.